INDIVIDUAL'S NAME	
CASE NAME	CASE #
WORKER #	COUNTY

TRACKING NON-CALIFORNIA TANF ASSISTANCE FOR THE 60-MONTH TIME LIMIT

If an individual receives Federal TANF aid outside of California, counties are required to request specific information from the other states, U.S. territories, and/or Tribal TANF programs in order to adjust both the federal TANF and CalWORKs 60-month time clocks in California. It is also necessary for this information to be entered into the WDTIP system for tracking the aggregate time on aid.

- For the **federal TANF clock**, counties will track months of assistance <u>from the date the recipient received TANF assistance in the other state, U.S. territory, and/or Tribal TANF programs</u>.
- For the **state CalWORKs clock**, counties must track TANF assistance received in other states <u>on or after January 1, 1998.</u>

TANF-Funded Aid Received in Other State/U.S. Territory/Tribal TANF Programs	What period of time did the recipient receive the TANF assistance?
1. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM:	**1.** START DATE - END DATE
COUNTY/CITY:	START DATE - END DATE
CASE WORKER: PHONE NUMBER:	START DATE - END DATE
2. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM:	**2.** START DATE - END DATE
COUNTY/CITY:	START DATE - END DATE
CASE WORKER: PHONE NUMBER:	START DATE - END DATE
3. STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM:	**3.** START DATE - END DATE
COUNTY/CITY:	START DATE - END DATE
CASE WORKER: PHONE NUMBER:	START DATE - END DATE

Time Limit Exemptions

In recording months of aid received outside of California, counties must ask about the following exemptions to the 60-month time limit. If the answer is "Yes", the county must exempt the month(s) from both the TANF and CalWORKs 60-month time clocks.

Did the individual receive TANF aid as a minor non-head of household or spouse of non-head of household?

☐ **YES -** START DATE - END DATE
☐ **NO**

Did the individual live in Indian country, as defined by federal law, or an Alaskan native village with at least 50 percent unemployment?

☐ **YES -** START DATE - END DATE
☐ **NO**

ELIGIBILITY WORKER NAME	WORKER NUMBER
SIGNATURE	DATE